I, the undersigned, require for production to.....

.....

for the purposes of.....

a certificate of the marriage of the persons to whom the following particulars relate.

Name in full of man married.....

Name and maiden surname of woman married.....

(If a widow at the date of marriage, state also the surname by previous marriage.)

Date of marriage. The.....day of.....1.....

Place of marriage.....

(State the building and locality, and in case of a Church, add the denomination.)

Signature of Applicant.....

Address.....

Date.....

Forms.

ORDER, DATED 22ND DAY OF SEPTEMBER, 1939, MADE BY THE REGISTRAR GENERAL, WITH THE CONSENT OF THE GOVERNOR OF NORTHERN IRELAND, UNDER SECTION 34 OF THE BIRTHS AND DEATHS REGISTRATION ACT (IRELAND), 1880.

1939. No. 135.

WHEREAS under section 34 of the Births and Deaths Registration Act (Ireland), 1880 (hereinafter referred to as " the Act of 1880 "), as the same applies in Northern Ireland, the Registrar General may with the consent of the Governor of Northern Ireland by order alter from time to time all or any of the forms contained in the schedules to the Registration of Births and Deaths (Ireland) Act, 1863 (hereinafter referred to as " the principal Act ") and the Act of 1880, or in any order under the said section 34, in such manner as may appear to them best for carrying into effect the principal Act :

AND WHEREAS it is expedient to alter the form (B) annexed to the principal Act (which form shows the particulars to be registered touching every death) and also the form of medical certificate of cause of death as approved pursuant to section 34 of the Act of 1880 by the Lord Lieutenant of Ireland on the fourth day of December, 1880, so far as the said forms apply in Northern Ireland :

NOW THEREFORE I, the Registrar General of Births, Deaths and Marriages for Northern Ireland, do hereby order as follows :—

1.—Form (B) annexed to the principal Act shall be altered by the omission therefrom of the words " and duration of illness."

2.—The form of medical certificate of cause of death approved as aforesaid shall be altered to the form in the schedule to this Order annexed.

3.—This Order may be cited as the Registration of Births and Deaths (Forms) Order (Northern Ireland), 1939, and shall come into operation on the first day of January, 1940.

Witness my hand this twenty-second day of September, 1939.

W. A. Carson,
Registrar General.

Consent is hereby given to the foregoing Order this twenty-third day of September, 1939.

Abercorn,
Governor of Northern Ireland.

SCHEDULE.

MEDICAL CERTIFICATE OF CAUSE OF DEATH.

Name of deceased.....
Usual residence.....
Place of death.....
Date of death.....day of.....19.....
Last seen alive by me.....day of.....19.....
Whether seen after death.....

CAUSE OF DEATH.

I.
Immediate cause ... .. (a) .....

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).
due to
(b) .....
due to
(c) .....

II.
Other morbid conditions (if important) contributing to death but not related to immediate cause.
.....
.....

I hereby certify that I was in medical attendance during the last illness of the above-named person, and that the particulars and cause of death above written are true to the best of my knowledge and belief.

Signature..... Registered Qualifications.....

Residence..... Date.....